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This paper avaluates research on the characteristics and selection of counselors. It also considers the implications of recent developments in counseling theory and practice for the research on counselor characteristics and selection. There has been almost no research on counselor selection as such. The research on characteristics of counselors has been limited to counselors in training, with many studies simply describing the characteristics of groups of counseling students. Other studies comparing more effective with less effective student counselors have failed to define their criterion of effectiveness or failed to determine whether differences existed prior to training. A mediate criterion has been determined for counselor characteristics in the counseling relationship. This criterion is applicable in a standardized manner to counseling interviews and demonstratedly related to counseling outcomes. This criterion, consisting of ratings of counselor empathy, congruence, warmth, and concreteness, makes predictive studies possible. It is desirable for predictive studies (1) to be evidently useful, (2) bear a concurrent relationship to the criterion, (3) apply to the applicants' interviews, and (4) be rather easily obtainable. Possible instruments are suggested. (KP)

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# THE SELECTION OF COUNSELORS*

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This paper will attempt to do three things.

1. Evaluate research on the characteristics of counselors.
2. Evaluate the research on the selection of counselors.
3. Consider the implications for research on counselor characteristics and selection of recent developments in counseling theory and practice.

Major consideration will be given to the third topic.

## Research on Counselor Characteristics

There have been a number of studies which have simply attempted to describe counselors, or more usually, students preparing to be counselors. DiMichael (1949) in an early study of the interests of counselors, found that rehabilitation counselors produced a profile on the Kuder with social service at the 98th percentile, persuasive at the 82nd, literary at the 65th percentile and all other scales below the 42nd percentile. At the same time Kriedt (1949) found that guidance psychologists showed social service interests on the Strong Vocational Interest Blank (SVIB). Patterson (1962a) found a national sample of rehabilitation counselor students manifesting social service interests on the SVIB, and Foley and Proff (1965) reported a similar finding for a national sample of NDEA institute students.

On the Minnesota Multiphasic Personality Inventory (MMPI) counseling students have been found by Wrenn (1952) to score above the mean on the K scale (T score of 70 for women, 65 for men), Ma and Mf and below on Si. Cottle and Lewis (1954) found male counselors in college counseling bureaus to score above the mean on the F and Mf scales, and below the mean on the Ma and Si. Patterson's (1962) rehabilitation counseling students were high on K, Mf, and Ma and low on Si, and Foley and Proff's 1965 findings were similar.

Wrenn (1952) reported counseling students to score high on the restraint, emotional stability, friendliness, objectivity, and personal relations scale of the Guilford-Zimmerman Temperament Survey GZTS) and Cottle and Lewis (1954) corroborated these findings for all but the restraint scale. Wrenn's students scored highest on the theoretical and religion scales of the Allport-Vernon Lindzey Study of Values. Patterson (1962a) and Foley and Proff (1965) obtained Edwards Personal Preference Schedule (EPPS) scores on their samples. Both found male counseling students to score above the mean on intraception, deference, nurturance, and affiliation; female counseling students were high on intraception. The rehabilitation counseling students were low on abasement also, as were the female (but not the male) NDEA students.

Kemp's (1962) 45 school counselors scored high on deference, intraception and affiliation (nurturance scores were not reported) and order, and low on agression and achievement.

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*In this paper counselor and psychotherapist, and counseling and psychotherapy, are considered to be equivalents and are used interchangeably. Paper presented at Conference on Research Problems in Counseling, Washington University, St. Louis, Missouri, January 10-13, 1967.

Moredock and Patterson (1965) studied groups of counseling students at four different levels of preparation, using six scales of the California Personality Inventory (CPI): sociability (Sy), social presence (Sp), self-acceptance (Sa), tolerance (To), intellectual efficiency (Ie) and flexibility (Fx), and the Rokeach Dogmatism (Form D) and Opinionation (Form C) scales. Mean scores for students at the first two levels were close to the means for college students given in the manual for the CPI. Scores tended to increase with level of training, with the mean scores of students at the highest level (practicum) being approximately at the standard score level of 60 on the norms. On the dogmatism scale students at the practicum level scored lower than students at the other levels. There were no significant differences on the opinionation scale. On the dogmatism scale the means of the students at the first three levels were above the mean of 137 English college students, which is the only norm group reported for this form. On the Opionation scale the means of students at all levels were below the mean of 186 Michigan State University students. Since the levels were represented by different students, it is not possible to conclude that changes were the result of increased preparation. It could be, and perhaps is likely that, there is some self-selection of students applying for and entering the practicum at the University of Illinois. No changes were found between scores at the beginning of the term (an eight-week summer session) at the end.

In antoher study Patterson (unpublished study) tested NDEA institute students, regular counseling students, and noncounseling students at the beginning and end of an academic year of full-time study, using scores on the CPI Sa, Wb (well-being) To, and Py (psychological-mindedness) scales, the Barron Ego Strength Scale and the F Scale. There were no significant differences between the NDEA and regular students either at the beginning or at the end of the year. Scores of the total counseling group were at about the 60 standard score level on Sa, To, and Py, and about 55 on Wb. Scores did not change significantly from beginning to the end of the year. The noncounseling students scored significantly lower than the counseling students in the fall on Wb, and Py; in the spring they were significantly lower than the counseling students on Sa and Py. On the Barron Ego Strength Scale, the counseling students scored slightly above the mean of Barron's 40 graduate students, while the noncounseling students scored slightly below both in the fall and spring, the differences being statistically significant in both cases. The counseling group score increased between the fall and the spring, but though just reaching statistical significance the increase was small (1.59 points). The noncounseling group increase of 1.27 was not significant. On the F Scale the counseling group means (2.89 fall, 2.57 spring) were below the authors' norm (3.81). But the noncounseling students were also below the norm (3.25 and 2.87), although significantly higher than the counseling means in the fall. Both the counseling and noncounseling means decreased significantly from the fall to the spring, however.

Strupp (1963) reports an interesting study by W.S. Jones which though using college students unfamiliar with psychotherapy, has some relevance. The reactions of students to patients presented to them by a sound film were related to their scores on the F Scale. High authoritarians tended to be more rejecting of a hostile, demanding patient and more directive and moralizing with him, than students with low scores.

Mahan and Wicas (1964) administered the Ways of Life (consisting of 13 scales related to philosophies of life), Self-Description (a forced choice adjective checklist measuring dominance, inducement, submission and compliance), and the Structured Objective Rorschach Test to 25 students in an advanced NDEA institute.

The results were interpreted to characterize the students as "highly controlled, as sensitive to the expectations of society and authority, as 'doers' rather than thinkers, as defenders of the established order, and as rather repressed individuals not much given to introspection or self-analysis." The authors are critical of the ability of such counselors to deal with the emotional behavior of clients.

The results of studies of the personality of counseling students, though yielding results which indicate that these students differ in expected directions from the norm groups on the measures used, are of little practical value, for the following reasons: (1) the differences, though statistically significant, are so small as to be of little practical significance or use; (2) when compared to scores of other college or graduate students on some of the instruments, such as the MMPI, the scores of counseling students are little different; (3) although it is suggested that scores of students at the advanced practicum level of training are higher than the scores of beginning students, probably though a process of selection, it cannot be assumed that these students are better counselors, or better potential counselors than the beginning counselors; (4) there is some evidence (in the Mahan and Wicas (1964) study) that some counseling students do not appear to possess characteristics usually considered desirable in counselors. This suggests that there are differences in the concept of the nature and function of counseling and of the related characteristics of the counselor. Thus, while (5) it would appear to be desirable to study the characteristics of those functioning as counselors rather than counseling students, the differences in functions among those called counselors enters in. As is well-known, there are many individuals carrying the title of counselor who are counselors in name only, functioning mainly as dispensers of information and services, administrators or managers of services, record keepers, test administrators and scorers, etc. This has implications for the criterion problem to which we will return later.

A number of studies have met one of the objections to the general studies reviewed above. These studies have compared groups of counselors, or counseling students, differentiated in some way in terms of "goodness" or effectiveness as counselors.

Dispenzieri and Balinsky (1963) utilized a rather specific criterion: change in interviewing skills during a semester as measured by increase in reflection of feeling responses on a modification of Porter's test (1950). Some of the students received instruction including role-playing practice and others only lectures. But there was no relationship between increases in interviewing skill and the F Scale or the Taylor Manifest Anxiety Scale in either group.

Brams (1961) studies the relationship between MMPI scores, Manifest Anxiety (MAS) scores, the Bill's Index of Adjustment and Values (IVA) scores and the Berkeley Public Opinion Questionnaire (a measure of tolerance for ambiguity), and supervisor ratings on the communication rating scale applied to interviews of 27 students in a counseling practicum. None of the correlations was significant, except with the Berkeley Public Opinion Questionnaire (-.36), which was significant at the .06 level, suggesting that tolerance for ambiguity is associated with successful communicative relationships. The means of the students were above the norms of the MMPI K and Mf (males), and on the IVA and lower on the MAS and Berkeley POQ.

Stefflre, King and Leafgren (1962) had 40 NDEA institute students rate each other at the end of the semester in terms of the "extent to which you would be apt to go to the various members of the institute for counseling if you were a

student in a school where they were working as counselors." High agreement among raters was found. The top and bottom students were compared on measures of academic aptitude, interest and values, personality and self-concept. The most "effective counselors" were not significantly better in academic aptitude (Miller Analogies Test) but achieved higher grades in prior graduate work in the institute. They scored higher on five of the SVIB social welfare scales, and on the interest maturity scale. They were lower on the dogmatism scale. On the EPPS they were significantly higher on deference and order, and lower on abasement and agression. There were no differences in self-concept, as measured by the Bill's Index of Adjustment Values. The authors suggest that perhaps academic performance influenced the evaluations of each other as a counselor.

Demos and Zuwailif (1966) had three practicum supervisors rate 30 students in an NDEA summer institute for counseling effectiveness. Those in the upper half were compared with those in the lower half of the distribution. There were no differences in scores on the Allport-Vernon Lindzey Study of Values or the Kuder Preference Record Personal). On the EPPS, the counselors rated more effective scored higher on nurturance and affiliation, and lower on autonomy, abasement and aggression. Sattler (1964) found that supervisors' ratings and staff ratings of NDEA counseling students were not related to Kuder Form D high school counselor scores.

Wicas and Mahan (1966) obtained ratings by an instructor and by peers for the 25 NDEA institute students reported on earlier (Mahan and Wicas, 1964) to whom the Ways of Life, Self-Description, and the Structured Objective Rorschach had been administered. The peer ratings and the staff ratings selected the same eight best and eight lowest students except for one instance, so the instructor ratings were used. The high-rated counselors indicated more sympathetic concern for others, and were more concerned with improving society and the maintenance of appropriate controls over self and others; the low-rated counselors indicated greater desire for activity with the environment. The high-rated counselors described themselves as less dominant, more submissive, and more compliant. On the SORT the high-rated students were more conforming and less persistent. Commenting on this study, Lister (1966) notes that "One is tempted to conclude that these good counselors resemble organization men more than agents of social change."

Russo, Kelz and Hudson (1964) supported the finding of Stefflre, Leafgren and King that students rated as better counselors scored lower on the dogmatism scale. Cahoon (1962) reports similar findings. Kemp (1962) in a comparison of counseling students scoring high and low on the Dogmatism Scale, found that the high scorers were more evaluative, interpretative and probing while the low-scoring students chose more understanding and supportive responses on the Porter test (Porter, 1950). Kazienko and Neidt (1962) compared students rated by their instructors in the upper quarter in counseling ability or potential with those rated in the lower quarter, in a national sample of NDEA institute students. The "good" counselor trainees seemed to perceive themselves as more empathic, more democratic, more understanding, and more patient on the Bennett polydiagnostic index, a self-rating instrument.

Demos (1964) found that the ten best and the ten poorest students in an NDEA institute differed significantly in their performance in short term vocational counseling interviews, on the basis of ratings by ten secondary school counselors with varying orientations to counseling. The best students were more empathic, evidenced more unconditional positive regard, and showed more respect for the client.

Arbuckle (1962) compared students selected as those to whom other students would go for counseling and the students to whom they were least likely to go, with the remaining students in a class of 70 in a counseling course. It is not clear how many students were in each group; the six "highly selected" and "six rejected" are referred to in some comparisons, but the statistical comparison apparently involved more than these. On the Heston personality inventory, the selected students scored significantly higher on confidence than the other students, and the rejected students scored significantly lower on home satisfaction. On the MMPI the selected students were lower on Hs, D, Pa, Hy, Pd, Pa, Sc, and Ma. On the Kuder Preference Record Vocational) the selected students scored higher than the other students on the social service, literary, persuasive, and scientific scales, while the rejected students did not differ from the remaining students on any scale.

An interesting study by Whitehorn and Betz (1960) found that therapists who were more successful with schizophrenic patients (in terms of number discharged as "improved") scored higher on the SVIB lawyer and CPA scales and lower on the printer and math-physical scientist teacher scale. These differences are not immediately meaningful. But it was hypothesized that the successful psychiatrists were characterized by a problem-solving rather than a regulative or coercive approach, valuing responsible self-determination rather than obedience and conformity. The interests of the less successful psychiatrists would suggest a black or white, right or wrong approach, the viewing of the patient as needing correction, and a valuing deference and conformity. Study of the case records of the two groups of psychiatrists revealed differences in styles of therapy consistent with these interpretations of the SVIB differences. These differences apparently relate only to success with schizophrenic patients, since the two groups of therapists were equally successful with depressive and neurotic patients. Moreover a later study (Betz, 1963) found that while the successful psychiatrists were more effective with "process" schizophrenics there was no difference with "nonprocess" schizophrenics. A further study of the two types of therapists by Carson, Hardin and Shaws (1964) found that the successful therapists were able to derive more information from interviews with role played "patients" who were distrustful, hostile, and expecting harm, while the other type of therapist got more from "patients" who were trusting, friendly, and expecting help. There are thus no differences which appear with all classifications of patients. It may be, however, that the differences relate to the severity of the disturbance, or the difficulty of patients to work with in the therapy relationship.

A study by Combs and Super (1963) of the perceptual organization of effective counselors offers a promising approach. Twenty-nine NDEA institute counseling students were ranked by 14 instructors in terms of preference in hiring them as counselors, the final rank order being determined in conference. These rankings were correlated with the ranks of ratings of 12 perceptual inferences based upon descriptions of four human relations incidents by the students. Four graduate research assistants, trained in making such inferences, made the ratings; the sum of the four ratings, demonstrated to be highly reliable in terms of interrater agreement, constituted the scores which were rank ordered. All but two of the correlations were significant beyond the .01 level, and these two were significant at the .02 level and .05 level; they ranged from .394 to .641. The effective counselor more frequently utilizes the internal rather than the external form of reference; is oriented toward people rather than things; sees people as able rather than unable, as dependable rather than undependable, as friendly rather than unfriendly, as worthy rather than unworthy; sees himself as identified with people rather than apart from people as self-revealing rather than self-concealing; sees his purpose as freeing rather than controlling, as altruistic rather than narcissistic, and is concerned with larger rather than smaller meanings.

As was the case with the studies of counselors in general, these studies comparing more effective with less effective counselors suffer from some deficiencies. They deal with students rather than with trained counselors. The criteria of effectiveness are not clear or sometimes not even stated, and probably vary among raters. Different raters perhaps have different concepts of what good counseling is. This could lead to conflicting results, as suggested by the Wicas and Mahan study. There is also a question as to whether the differences in students existed prior to the beginning of the counselor education program. Finally, differences tend to be small, even though statistically significant, and thus of little practical use in selection. In studies where counselors are rated as best and poorest, or most and least effective, it might be objected that the characteristics "discovered" in the best counselors were involved in their selection, even though the ratings of effectivaness were made by different evaluators or judges than were the ratings of characteristics, as in the Demos study. That is, the characteristics are criteria which are shared by both sets of raters, and such sharing or agreement is not necessarily evidence of their validity.

The matter of whether differences exist prior to training is a crucial one for selection. Selection studies are concerned with the relationship of characteristics prior to entrance upon training or practice to later performance in training or practice. Let us turn then to studies of counselor selection.

## Research on Counselor Selection

The research on the selection of counseling students is surprisingly sparse. The review articles by Hill (1961) and Patterson (1963) are essentially reviews of practice rather than of research. Hill and Green (1960) in their review of research on the selection and preparation of guidance and personnel workers, noted that their search had revealed no major longitudinal study of counselor selection, training, placement, and evaluation. Most counselor education programs require some tests of prospective counseling students (Patterson, 1963). However, there is little or no evidence that these test results are used in selection or, if so, how they are used, i.e., what cutting scores are used, what criteria are employed, and what the basis is for their use.

Callis and Prediger (1964) evaluated the Ohio State Psychological Examination (OSPE), the Miller Analogies Test (MAT) and the Cooperative English Test: Reading Comprehension, as predictors of academic achievement of students in three year long advanced NDEA institutes. Part 3 of the OSPE (reading comprehension) was the most consistent predictor (r's of .59, .48, .61); the MAT correlations were lower (.36, .24, .42).

Blocher (1963) studied the relationship of measures obtained on 30 NDEA enrollees on admission and at theend of the first quarter with the pooled rankings of "level of predicted performance as a school counselor" of four staff members, made at the end of the year. Undergraduate grades, recommendations, interviews and the MAT were used in selection for the institute. Scores on the NDEA Comprehensive Examination in counseling and guidance and the high school counselor score on the Kuder Preference Record, Form D were obtained at entrance. Pooled peer rankings of predicted effectiveness as a high school counselor and grades were obtained at the end of the first quarter. The multiple R of the latter two measures with the criterion was .71; that for the first two was .37. The comprehensive examinaation correlate .67 with first quarter grades, but only .29 with

the criterion rankings, and -.01 with the peer rankings. Peer rankings at the end of the first quarter correlated .62 with criterion rankings. The addition of grades did not add significantly to the multiple R (.77) of the other three variables. The Kuder score showed low negative correlations with peer rankings and the comprehensive examination, but a low (.20) positive correlation with the criterion ranking. The measures available prior to entrance would apparently not be particularly effective selectors. Blocher suggests the use of measures obtained after admission for selective retention when selection is needed because of limitations of practicum admissions.

Rank (1966) has developed a film test of counselor preception, consisting of excerpts from ten counseling interviews, each with from 15 to 20 statements about the client, counselor, and their interaction to be rated on a Likert type scale. Using a scoring key developed on 60 NDEA students responses at the beginning of the practicum, scores of 30 other students at the beginning of the practicum correlated .41 with staff rankings following the practicum. These are apparently the same subjects studies by Blocher (1963).

Wasson (1965) reports a study of 30 students in a year-long NDEA institute in which criteria were peer ratings, staff ratings, and ratings of taped segements of practicum counseling interviews. All students took the MMPI, EPPS, MAT, OSPE, SVIB, and the NDEA comprehensive examination in counseling and guidance. In addition, each was rated on the Wisconsin Relationship Orientation Scale, on the basis of responses made to eight hypothetical counseling situations taped prior to selection for the institute. Of over 350 correlations of test scores with the criteria, only six were significant: MMPI Sc with staff ratings (-.51); EPPS nurturance with counseling segments (.47); EPPS hetrosexuality with peer ratings (.39); NDEA comprehensive examination occupational and educational information with counseling segments (.42); SVIB artist with counseling segments and staff ratings (.36 and .38). These correlations present no pattern and could well be due to chance. On the other hand, the Wisconsin Relationship Orientation Scale correlated .61 with counseling segments. .54 with staff ratings, and .61 with peer ratings. The scale did not correlate significantly with any of the tests.

Ohlsen (unpublished study) studied the relation of 80 scores from a selection battery to three criteria in a group of 29 NDEA students in a beginning year-long institute for preparation of elementary school counselors. The measures included the MAT,OSPE, MMPI, SVIB, EPPS, and the NDEA comprehensive examination. Criteria were the combined ratings of staff, and the combined ratings of peers, of each student as (1) a counselor of children, (2) as a counselor of parents, and (3) as a consultant to teachers. The three ratings were highly interrelated, and the staff and peer ratings correlated from .48 to .74. The NDEA comprehensive examination, the OSPE and the MMPI failed to produce any significant correlations. The MAT correlated negatively (-.18 to -.48) with ratings. On the EPPS, intraception showed correlations from .15 to .48 with the criteria ratings, and dominance and aggression produced negative correlations (-.07 to -35and -.36 to -.60). Several of the SVIB social welfare scales yielded significant correlations (YMCA physical director, social science teacher, city school superintendent, social worker, minister); in addition several other scales also showed significant correlations with one or more of the criterion ratings (engineer, production manager, musician, performer, pharmacist, advertising man, president, manufacturing company).

A study by Dole (1963, 1964) related a large number of variables to ratings of NDEA staff supervisors, the supervising principals and state supervisors of graduates of a school counseling workshop and two NDEA summer institutes who were employed in Hawaii. The criterion measure consisted of the average of ratings on five-point scales measuring personal characteristics, teacher and staff relationships, counselor-student relationships, general school services, guidance organization and administrative skills in guidance, professional growth, and counselor-community relations. Instruments included the MAT, the Minnesota Teacher Attitude Inventory (MTAI), the Rokeach dogmatism scale, the Dole Vocational Sentence Completion Blank, the SVIB, the Gordon Personal Profile, and the Cottle Scale of Attitudes, in addition to self-appraisals (rated by judges) ratings of counselor potential by principals (six items from the criterion scale used with the workshop students prior to the workshop), peer ratings, and other measures. The study is difficult to summarize since there were three groups with differing sets of instruments and other measures. The three sets of criterion ratings were not significantly correlated with each other. It is thus not surprising that there were no consistent relations between the selection battery and the criterion ratings. Furthermore, there were no consistent significant relationships between selection variables and any set of ratings across the three groups. A number of significant correlations did occur, but little confidence can be placed in them considering the lack of consistency and the small samples (11-32). Dole suggests that the self-appraisal, ratings of counselor potential, and undergraduate grade-point ration may be promising predictors.

The results of these prediction studies do not appear to be particularly promising. The studies reviewed here offer little in the way of validated selection procedures. The results are similar to those of the extensive study by Kelly and Fisk (1951) of the selection of VA clinical psychologist. It must be remembered, however, that counseling students are selected, or self-selected, on academic achievement and ability, interest, and probably to some extent on personality variables. Thus restricted ranges on tests of academic ability such as the MAT, or on SVIB scales as well as perhaps scores on other tests would limit or reduce the size of correlation coefficients with criterion variables. However, studies reported in earlier sections indicate that the ranges of scores are not highly restricted, approaching if not equaling those of college students in general or the norm groups, as indicated by standard deviations. There is, of course, no doubt a relationship between academic ability as measured by undergraduate grades and tests such as the MAT with academic achievement at the graduate level, but perhaps beyond a necessary minimum, high academic ability is not related to counseling potential. In fact, it has been suggested by some that the MAT may select in reverse in terms of counseling potential, and the negative correlations obtained by Ohlsen would support this contention. This concept of a minimum score may apply also to certain interest and personality variables. This suggests that perhaps some research should be directed to determining if this is the case, and what such minimum scores might be.

A major problem with selection studies, however, is the criterion. Academic grades are generally deemed unacceptable. Thus, ratings are usually resorted to. But as Dole's study demonstrates, ratings of the same variables vary, depending on who is doing the rating. While peer ratings and supervisor or staff ratings are sometimes highly related, as in the Ohlsen study, this may be du to the sharing of common biases, and may thus represent reliability rather than validity. Where others, such as principals, do the rating, and where the criterion ratings,

as in Dole's study, are complex, including many noncounseling functions with no control of weightings, lack of agreement occurs. Some raters, or groups of raters, may be rating on factors irrelevant to or unrelated to counseling, such as cooperativeness, conformity to the school or agency program, public relations ability, administrative or coordinating ability, case management or clerical efficiency, etc.

Even when counseling is presumably being rated, it may be defined differently by different raters, e.g., as skill in imparting information, or interpreting test scores, or in placement in a job, or in gaining admission to a college, or in establishing a therapeutic relationship (Knupfer, Jackson, and Krieger, 1959).

It cannot be assumed that practicum supervisors' grades or ratings are any more valid than ratings of principals, superintendents or others. Johnston (1966) reports a study in which practicum ratings were correlated with ratings by principals and superintendents related to the nature of the counselor's interpersonal relations with others (teachers, administrators, parents, and students), the counselor's practical judgment, the rater's trust in the counselor's ability to perform his jobs, and evidence of professional commitments and competencies. Practicum ratings correlated .09 with the ratings of both principals and superintendents, who correlated .71 with each other. Practicum ratings correlated .43 with scores on a revised form of the NDEA comprehensive examination, suggesting, as do other data (cf. Bergin and Solomon, 1963, referred to later), that these ratings are based in part, if not primarily, on academic ability and performance. The ratings of the principals and superintendents did not correlate with scores on the examination. This does not necessarily mean, however, that these ratings were valid measures of counseling competence.

It is apparent that before we can get very far in selection studies, it is necessary to define the criterion. It will be assumed in the remainder of this paper that we are concerned with the selection of those with the capabilities for engaging in a counseling relationship. It is recognized that counselors engage in other activities besides counseling, but is assumed that these activities are secondary to counseling, and that counseling is the major function of a counselor. In addition, it must be assumed that other activities of a counselor are not inconsistent with counseling, that is, that they do not require quite different aptitudes, abilities, or personality characteristics.

This is a restriction that might not be accepted by many who employ, or who wish to employ, persons with the title counselor. It appeared that we had made considerable progress, and had even reached agreement, that the major function of a counselor was counseling. The policy statements of APGA (1964), ASCA (1963a, 1963b), and ACES (1963) are concerned with counseling as the major function of the counselor. But recently we have witnessed a number of suggestions, even demands, that counselors should engage in other activities to a major extent, even to the point of abandoning counseling. Shoben (1962) proposes that the major concern of the school counselor should be the "continuous reconstruction of the school culture," and that in interviews with individual pupils he should be concerned not with helping the pupil but with obtaining information about the school environment as a basis for its reconstruction. Stewart and Warnath (1964) also define the counselor as a social engineer, less concerned with individual pupils than with modifying the school and society. And Washington (1966), discussing the counselor's functions in the job corps, demands that counselors do everything but counseling.

My response to this approach (Patterson, 1966a), is that while we certainly need to be concerned about the environment of the school and of society, and that while prevention is desirable, we still need counselors to work with individuals with problems, to work remedially with those who have lived in and will continue to live in a less than perfect school and society. Someone will be needed to provide counseling, and if counselors become engrossed in other duties, others will engage in counseling. Perhaps we need not be too concerned about the introduction of the concept of the counselor as a change agent on the criterion. It has been suggested (Everett Rogers, communications expert, in a discussion at a conference) that a major requirement of a change agent is empathy, since in order to influence people he must understand those whom he is trying to influence. Empathy, as we will indicate later, is the prime requirement of a counselor.

## What is Counseling, or What are We Selecting For?

But assuming that we are to select individuals to engage in counseling, what is counseling? It is the failure to define and delimit counseling which perhaps has contributed to the problem of determining what those who are called counselors should be expected to do. Counseling has become increasingly loosely defined, until it seems we have reached the point where anything any counselor does, or can be induced to do, becomes counseling. And anyone who gives information is called a counselor. Thus, we have the incongruous claim that computers can do counseling (Loughary, Friesen, and Hurst, 1966).

Counseling has become an all-inclusive term to include all efforts to change or influence people including environment change. It appears that we need some clarification here. Counseling is becoming equat4d with behavior modification. The behavior theorists--neobehaviorists is a better term, since not all of them are concerned with theory--appear to accept this usage (Michael and Meyerson, 1962; Bijou, 1966). Bijou (1966) talks about counseling as involving the modification of behavior directly and in its natural setting. There appears to be no distinction between counseling and other methods of behavior modification. He suggests that "instead of conceiving of the counselor as a reflector of feelings, or an explorer of resources, or a habit changer, or a remediator of self-concepts and values, or a releaser of repressions, we might come to think of him as a behavioral engineer--one whose function it is to arrange and rearrange the environment in order to bring about desired changes in behavior" (Bijou, 1966, p. 44). The counselor thus not only works with or interacts with a client, but with teachers, parents, and others instructing them in handling children to modify their behavior.

Counseling, or psychotherapy, is thus being seen by some as direct influence on the behavior of others without verbal mediation. Phillips (quoted in Patterson, 1966b, p. 271) says: "I consider how that therapy can be done as well, perhaps better, without oral contacts, where the emphasis on behavior change is put on the actual behavior and on the instrumental acts needed to effect the proposed change."

Most of us concerned with counseling or psychotherapy, however, including the behavior counselors or therapists, such as Krumboltz and Wolpe, think of counseling as involving verbal interaction in an interview setting. Thus, counseling is differentiated from other methods of behavior change. It does not consist of the direct modification of nonverbal behavior. It is not the instruction of parents teachers, or others in methods of behavior modification--the observation and recording of behavior, selection and administration of rewards, and the measurement of resulting behavior changes. It is not teaching, Nor is it propaganda, persuasion, advice giving, information giving, or brainwashing. A l of these may be classified under behavior modification, but they are not counseling. Counseling

is a form of behavior modification, but not all behavior modification is counseling.

. Although there appear to be as many definitions of counseling as there are writers on counseling, it is necessary to reach some agreement on a definition before we can attempt to predict success in counseling. A definition which probably would be acceptable to most counselors is the following: Counseling (or psychotherapy) is a relationship, involving verbal interaction, between a professionally trained person and an individual or group of individuals voluntarily seeking help with a problem which is psychological in nature, for the purpose of effecting a change in the individuals seeking help. Although behavior therapists might limit what would be considered a psychological problem, nevertheless the kinds of problems with which they are concerned are psychological in nature.

It might be questioned whether a definition of counseling should not specify the changes which should constitute the outcomes. An attempt to do so might be difficult, in terms of obtaining agreement on desired or desirable outcomes. Goals of counseling have been variously defined, including such things as self-acceptance, self-understanding, insight, self-actualization, self-enhancement, adjustment, maturity, independence, responsibility, the solving of a specific problem or making a specific decision, learning how to solve problems or to make decisions, and the elimination or the development of specific behaviors. There are those who feel that the goal or goals of counseling should be identical for all clients, while others , such as the behaviorists (cf. Krumboltz, 1966 a,b,c), believe that goals should be specific for each client. The behaviorists see general goals as vague, indefinable, and unmeasurable. Some would see many of the specific goals of the behaviorists as trivial, partial, or limited in significance or meaning. The behaviorists seem to be unconcerned about the meanings of their goals, or with any general criterion for determining the desirability of specific goals

It would appear that some agreement between these two points of view could be achieved. The behaviorists do seem to be concerned with broader, more general goals or outcomes--greater freedom, more expressiveness, the more effective use of potentials, or self-actualization. Their more specific goals could be seen as objective evidence of the more general goals. Those who advocate the more general goals might accept the more specific goals of the behaviorists as aspects of more general goals. It is suggested that the concept of self-actualization might be useful as a criterion for the acceptance or desirability of the more specific goals, and that the concept can and should be defined in terms of specific behaviors. Specific behaviors have meaning only in a context, as a part of the individual's total life, and when seen in relationship to a goal. Self-actualization may be considered as the goal or purpose of life, or from another point of view as the unitary motivation of all behavior (Patterson, 1964). Different individuals actualize themselves in different ways, that is, the means of self-actualization vary among individuals, and at different times, allowing for different immediate goals, all of which are in effect subgoals. Maslow's study (1956) of self-actualizing rsons is relevant here. Rogers' description (1959, 1961) of the fully functioning person is also pertinent. This is not the place, however, to go into the matter of counseling outcomes, which is the topic of Krumboltz's paper.

Nor is it essential to define the nature of the changes desired as outcomes of counseling. It is sufficient that these be changes in the person, in his overt behavior or in his thoughts, attitudes, and feelings. More important is to consider the nature of the counseling interaction or relationship, since it is this which determines our criterion measures. What does a counselor do, what kind of person must he be, what aptitudes, abilities and skills must he possess?

When one reviews, as I have done recently (Patterson, 1966b), the various theories or approaches to counseling or psychotherapy, it appears that there are wide differences, even contradictions regarding the nature of counseling and thus the requirements of counselors. These differences are supported by research.

Recent research provides evidence of differences among psychotherapists. Sundland and Barker (1962) studied differences in orientation in a group of 139 psychotherapists who were members of the American Psychological Association, using a therapist orientation questionnaire containing 16 subscales. These scales included, among others, frequency of activity, type of activity, emotional tenor of the relationship, spontaneity, planning, conceptualization of the relationship, goals of therapy, theory of personal growth, theory of neurosis, theory of motivation, and criteria for success. The therapist distributed themselves over the range of scores from strongly agree to strongly disagree on most of the scales. When the therapists were classified into three groups--Freudians, Sullivanians, and Rogerians--the three groups differed significantly on 9 of the 16 scales, with the Sullivanians being in the middle position in eight of these comparisons. The Freudian group, compared to the Rogerian group, believed that the therapist should be more impersonal, plan his therapy, have definite goals, inhibit his spontaneity, use interpretation, conceptualize the case, and recognize the importance of unconscious motivation. Only one difference was found between therapists grouped by levels of experience.

A factor analysis of the 16 scales yielded six factors. A general factor cut across most of the scales, providing a major single continuum upon which therapists vary. One end is labeled "analytic" (not simply "psychoanalytic") and the other is designated as "experiential" by Sundland and Barker. The "analytic" therapist emphasizes conceptualizing, planning therapy, unconscious processes, and restriction of spontaneity. The "experiential" therapist emphasizes nonverbal, nonrational experiencing, the personality of the therapist, and therapist spontaneity. More therapists tended toward the "analytic" approach than toward the "experiencing" approach.

Wallach and Strupp (1964) obtained similar results from a factor analysis of ratings of two groups of therapists on a scale of usual therapeutic practices. The major factor was called the maintenance of personal distance. Four groupings of therapists--orthodox Freudians, psychoanalytic general, Sullivanian and client-centered--were compared, with the first group being highest in the personal distance factor, the second group next highest, and the remaining two about the same but lower than the other two.

McNair and Lorr (1964) studied the reported techniques of 192 male and 73 female psychotherapists (67 psychiatrists, 103 psychologists, and 95 social workers) in 44 Veterans Administration mental hygiene clinics, using an instrument developed on the basis of the Sundland and Barker therapist orientation scale. They hypothesized three dimensions, to be measured by the AID scales: (A) psychoanalytically--

oriented techniques, (I) impersonal versus personal approaches to the patient, and (D) directive, active therapeutic methods. All three dimensions emerged in the factor analysis of the 49 scales included in the analysis. High scores on the I factor represent a detached, objective impersonal approach, while low scores represent emphasis on therapist personally and the therapist-petient relationship. High scores on the D factor indicate therapist setting of goals and planning of treatment, leading of the interview, and acceptance of social adjustment as a major goal. Low scores indicate therapist lack of direction of theinterview and belief in patient determination of therapy goals. While the three factors are intercorrelated, McNair and Lorr consider them independent.

None of these studies included behavior therapists. No doubt even greater differences would have been found if they had.

There are obviously differences among therapists of different schools. Are there no similarities or commonalities running through all or most approaches? Or must we determine what kind of counselor we want, and use different criteria depending upon our choice? Fortunately, I do not believe this is necessary. There is evidence of some commonality among all, or at least most, counselors or therapists. I refer here to Fiedler's studies (1950a, 1950b, 1951). Sundland and Barker, McNair and Lorr, and Wallach and Strupp, were attempting to find differences, and found them. The therapist orientation questionnaire of Sundland and Barker was developed by eliminating items upon which therapists agreed. Fiedler assembled a group of items upon which therapists agreed. Sundland and Barker point out that items which they discarded because they did not result in a distribution (or differences) in responses were similar to items in Fiedler's studies. These items were concerned with understanding or empathy. There appears to be evidence, therefore, that therapists agree upon the importance of empathic understanding.

But again, behavior therapists were not included in Fiedler's study. And many behavior therapists minimize the importance of empathy or of the therapist-client relationship. Wolpe (1958) considers the interview relationship nonspecific, and although a common element , he feels it is not sufficient for change in most cases. He does recognize its effect, however, when he notes that: "I have a strong clinical impression that patients who display strong positive emotions toward me during the early interviews are particularly likely to show improvement before special methods for obtaining reciprocal inhibition of anxiety are applied" (Wolpe, 1958, p. 194).

That the relationship is important in behavior therapy is demonstrated by laboratory research in conditioning, as well as other laboratory research in psychology. It is not possible to review this research here. But there is considerable evidence that the existence of conditioning and its rate and extent are influenced by the personality and attitudes of the experimenter and his relationship to the subject. To cite only one study involving conditioning, Sapolsky (1960) found that the effectiveness of verbal reinforcement depended upon the relationship between the experimenter and the subject. Subjects who were given instructions which pictured the experimenter as attractive conditioned well, whereas those who were led to perceive the experimenter as unattractive did not condition during the experimental period, although there was evidence of delayed conditioning. Similarly, subjects who were matched with experimenters on the basis of personality similarity or compatibility conditioned better than those who were not matched.

Rosenthal (1964, 1966) summarizes the research on the effect of the experimenter on the result of psychological research. Sex, race, religion, status, likability, warmth, adjustment, hostility, anxiety, authoritarianism, acquiescence, intelligence and expectations of particular results have been found to influence obtained results. Responses are also related to the subject's perceptions of the experimenter, including his perception of the expectations of the experimenter. Orne (1962), discussing what he calls the demand characteristics of experiments, notes that the subject at some level sees it as his task to ascertain the true purpose of the experiment and respond in a manner in which he is expected to, or which will support the hypothesis being tested. As Ullman and Krasner, (1965, p. 43) note, "both the subject's and the examiner's expectancies, sets, and so forth have a major effect on the individual's response to the situation."

It would appear that the relationship is an important factor in any interpersonal interaction, and therefore is basic to counseling or psychotherapy. It is not only present in behavior therapy, but is necessary for its effectiveness, and is not inconsistent with a behavior therapy approach (Murray, 1963; Krumboltz, 1966c). Parenthetically, it might be suggested that if the behavior therapists wish to demonstrate the effectiveness of their so-called specific techniques, they should eliminate the relationship. Goldstein (1962, p. 105), reviewing the literature on therapist-patient expectancies in psychotherapy, concludes: "There can no longer be any doubt as to the primary status which must be accorded the therapeutic relationship in the overall therapeutic transaction." Ullman and Krasner (1964, p. 43) similarly agree that "the best results are obtained when the therapist and patient form a good interpersonal relationship."

If the relationship were not important, then our problem would be relatively simple, or even nonexistent. That is, if we could modify behavior, of the kind which is our concern in counseling, without the necessity of a relationship between the client and the counselor, we would not need counseling or counselors. We would simply need technicians, able to diagnose the desired behaviors, prescribe the effective reinforcements, and apply them in a mechanical manner. There is, however, good reason to doubt whether such a mechanical approach would be successful, or even possible for the kinds of behavior in which we are interested in counseling. The evidence on conditioning indicates that behavior which is subjected to mechanical reinforcement ceases or extinguishes eventually when the reinforcement is withdrawn. In addition, socially significant behaviors are most responsibe to reinforcement which consists of the behavior of other individuals. It appears that the most potent influencer of human behavior, or the most powerful reinforcer, is a relationship with another individual. It appears that the kind of relationship which is most effective is not a controlled, mechanical administration of rewards, such as the expression of interest, concern, understanding, warmth, etc., but a sincere, spontaneous, genuine expression of these characteristics. Thus the problem of selection of counselors is not the selection of technicians, of individuals who can learn the procedures involved in the conditioning process, but of indivuals who can offer a therapeutic relationship. Even if we agreed, with Wolpe and Krumboltz (1966c, pp. 7-8) that the relationship was necessary but not sufficient, our problem would be one of selecting individuals capable of offering a therapeutic relationship, since the additional requirements are essentially technical in nature and relatively easily acquired by almost anyone at least capable of graduate level work.

## The Nature of the Counseling Relationship

If we are to select people in terms of their capacity for offering a good counseling relationship, it is necessary that we specify the nature of this relationship. This is a difficult problem and perhaps the reason why some would prefer to concentrate on the technical aspect, the specific conditioning factors.

One aspect of the problem is that, as Fiedler (1950a) noted, "a good therapeutic relationship is very much like any good interpersonal relationship." Thus, there is nothing unique or qualitatively different about the therapeutic relationship. This is what might be expected, since many if not most people thrive without counseling, and if they do not need it, it is because they have experienced good (therapeutic) relationships throughout their lives. But, if it is not unique, why should it be necessary to exercise much selection for counselors? That this is a problem which needs to be considered is evidenced by a number of studies of the use of so-called lay counselors.

The NIMH program (Magoon and Golann, 1966) for training mature women as therapists no doubt comes first to mind. hHowever, these women cannot be considered as lay counselors, since all were college graduates (three had advanced degrees), and went through two years of preparation (one-half to two-thirds time), which, with the exception of work in vocational counseling (tests and measurements and occupational information)was better preparation that students in most two-year programs in counseling obtain. On the basis of blind ratings of their interviews by four experienced psychotherapists, they were considered to be effective, as well as on the ratings of their clients (Rioch, et al., 1963) and they scored above the average of candidates on the psychiatry subtest of the National Board of Medical Examiners (Rioch, 1963). Nevertheless, Rioch does not claim that they were highly skillful.

A study by Zunker and Brown (1966) purports to compare professional and nonprofessional (student) counselors, reporting that student counselors "achieved significantly better results than did the professional counselors on the majority of variables used to evaluate counseling outcome," and "received greater acceptance from counselees than did the professional counselors." Consideration of the study, however, indicates that no counseling was involved, but simply the imparting of information to freshman students, and the criteria measured simply the retention of information. Such is the state of counseling, when the term is used, and its use permitted by a professional journal, to mean imparting of information.

Poser (1966) compared 11 untrained undergraduate women with seven psychiatrists, six psychiatric social workers, and two occupational therapists, each of whom conducted group therapy with chronic schizophrenic patients, one hour a day, five days a week, for five months. The lay therapists were superior to the professional therapists, and to no therapy, as measured by changes in performance on tests of reaction time, tapping and verbal fluency. This study has been criticized with he suggestion that the patients could differentiate between the professionals on the basis of age and perhaps other factors, and "cooperated more readily with people who were felt to be closer to them in the social hierarchy" (Rioch, 1966). Rosenbaum (1966) also makes some telling criticisms, including the nature ofthe criterion. Nevertheless, the patients were helped in some way by the nonprofessionals.

Carkhuff and Truax (1965) gave brief training to five lay hospital personnel, who then engaged in supervised group counseling with hospital patients for 24 sessions over three months. The treated patients were rated significantly higher than a control group in improvement on the gross rating of patient behavior.

Carkhuff (1966), following a review of programs of lay counseling training, in which an assessment of the effectiveness of trainees with clients was made, concludes that "the lay trainees demonstrate counseling outcomes at least as constructive as their training supervisors or professional practitioners in general." It is important to recognize, however, that, in all but the Poser study, the lay counselors had some training. A study by Martin, Carkhuff and Berenson (1966) of interviews and interviewee ratings of college students by friends, who had no training, and of interviews with professional counselors, found that the professional counselors were evaluatdd by the interviewees, and their interviews were rated, higher in empathy, positive regard, genuineness, concreteness, and client self-exploration.

The significance of these studies of lay counselors relates more to training than to selection. While there are no sharp lines between levels of helpfulness--or therapeutic effect--from untrained volunteers to professional therapists, there are differences. These differences, however, are related to the nature of training rather than to the amount of training. Graduate academic training has not focused on what Carkhuff (1966) calls the "core of facilitative interpersonal conditions." But he also notes that "the overwhelming preponderance of systematic evidence available today indicates that the primary conditions of effective treatment are conditions which minimally trained nonprofessional persons can provice." It thus does not require a doctorate, or as some have claimed, postdoctoral training to qualify one for psychotherapy. I have long maintained that I can train a student to do therapy, or therapeutic counseling, in a year. An additional year is required to prepare him to engage in vocational counseling which requires knowledge of statistics, test and measurements, and occupational information. This does not add to therapeutic effectiveness, however.

Experience, if not training, may make a difference, however. Cartwright and Vogel (1960) found that the clients of experienced therapists improved while clients of inexperienced therapists got worse. There are, of course, differences among trained and experienced counselors. There is evidence that clients of counselors low in the facilitative conditions of effective treatment may get worse (Bergin, 1963, Truax, 1963). Thus, caution must be exercised before we assume that neither training nor experience is necessary for counseling.

## Nature of the Therapeutic Relationship

What is the nature of the therapeutic relationship? What are the characteristics of the criterion behavior for which we must select students? There now exists considerable evidence of the nature of the conditions in the counselor which facilitate counseling or psychotherapy. We have felt for a long time that interest in and concern for the client, respect for the client as a person, and for his ability to make his own decisions and choices, empathy and understanding, are essential characteristics of the effective counseling relationship.

Gardner (1964) reviews evidence for the correlation of the good psychotherapeutic relationship with rmeasures of progress, as well as the relationship of therapist variables and good therapeutic relationships, concluding that the research in this latter area is disappointing. Gonyea's (1963) study is being widely cited

as showing that there is no relationship between the quality of the relationship offered by the counselor and the outcome of counseling. Before this conclusion is accepted, one must note that the nature of his study, which was of eight student interns, working with a univeristy counseling center clientele, rated by their supervisors using the Fiedler Q-sort on the extent to which they provided a good therapeutic relationship and using client ratings on a self-description form as the measure of outcome. Gonyea himself qualifies his findings in terms of the two instruments used but further qualifications are needed, all adding up to little or no confidence in the results. It is important to note this study because it is beginning to be widely cited as the result of its receiving honorable mention in the APGA research awards in 1965. This is the place perhaps to note that too much reported research should not have been done, much less reported, since by the nature of the instruments, subjects, conditions, and other lacks, no conclusions can be drawn. Too often studies from which the author states no conclusions no conclusions can be drawn are published, and then are cited for conclusions which the author did not present. Too often the conclusions of the investigator are not justified, but continue to be quoted without recognition of this fact. In other cases, qualified conclusions are cited without the qualifications. The result is that there is considerable research litarature which misrepresents the state of affairs and confuses rather than clarifies problems.

Until recently we had no good evidence of the effectiveness of these conditions, nor did we have any way of determining their presence or the extent of their presence in a given counselor. We now have this evidence in the studies of Rogers and his colleagues during the Wisconsin period. (Truax, 1963; Truax and Carkhuff, 1964a, 1964b, 1967). Four conditions or characteristics in the counselor have been measured and demonstrated to be related to the outcomes of counseling. These conditions are (1) empathy, or the ability of the counselor to understand sensitively and accurately the client's inner experience; (2) unconditional positive regard, or nonpossessive warmth and acceptance of the client; (3) self-congruence, or genuineness and transparency (authenticity) in the counseling relationship; and (4) concreteness, or specificity of expression.

Scales have been developed to measure the extent of these conditions in taped interviews (Truax, 1961, 1962a, 1962b; Carkhuff, 1967). There are thur now available instruments to measure the criterion, that is, the actual functioning of the counselor in the counseling relationship, as measured by instruments related to counseling.

Fox and Golden (1964), in their review of the concept of empathy, emphasize its importance in the therapy relationship. They criticize the usual approach to the measusrement of empathy, i.e., as the ability to predict responses of others on tests and inventories, as artificial, and suggest that "this artificiality would be eliminated if empathy could be measured in the context of the ongoing interaction." This is what the Truax accurate empathy scale attempts to do. This scale has been used in a significant study by Bergin and Solomon (1963). Interviews of 18 postinternship students in clinical and counseling psychology were rated on the scale, and the scores correlated with a number of test scores, grades, and supervisors' ratings of therapeutic competence. The empathy rating correlated as follows with other variables: On the MMPI, -.41 with D, -.54 with Pt; on the EPPS, -.54 with consistency; -.41 with order; -.53 with intraception; .54 with dominance; .55 with change. There were no significant correlations with academic grades or practicum grades or with graduate record examination scores (all low

negative r's except for (GREQ). The supervisor ratings of therapeutic competence correlated .41 with the empathy ratings. The correlations of the supervisors' ratings with the other variables followed the same pattern as the empathy rating, though they did not reach significance except for EPPS dominance. In view of the small sample, and the restricted ranges on the variables, these results are worthy of attention. It is interesting to note that practicum grades, an average based on two years work in diagnostic testing and interviewing, did not relate to empathy. This suggests that supervisors' ratings may not always indicate counseling competence. Also of interest is the negative correlation of EPPS intraception and the positive correlation of dominance with empathy. This is the reverse of the correlations found in studies cited earlier. If the definition of intraception is examined, however, one might wonder, as I have, if it should be expected to be related to empathic understanding. Defined in part as "To analyze one's motives and feelings, to observe others,...to analyze the behavior of others, to analyze the motives of others...," EPPS intraception would appear to be a diagnostic, labeling, interpretive interest or understanding rather than understanding from the internal frame of reference of the client. Thus, a negative correlation becomes meaningful, and the positive correlations found in other studies suggest that the criterion of counseling competence may have been diagnostic, interpretive ability or activity rather than empathic understanding. The high positive relationship between dominance and empathy is also at variance with other results and at first glance inconsistent. But Bergin notes that it is perhaps a measure of mental health as indicated by its relationship with MMPI scales (Merrill and Heathers, 1956). Dominance in its usual sense is perhaps an inappropriate name for this EPPS measure.

An interesting finding of Bergin was that age, from 23-29, correlated highly with both empathy (.50) and supervisors' ratings (.60), but the correlation with empathy dropped to .15 when students over 29 (up to 38) were included. Since all students were at the same experience level, experience was not a factor in this relationship. Another finding of importance for training was that one of the supervisors explicitly attempted to teach empathic behavior to his students, and this group was significantly higher in empathy than all but one of the other five groups.

Although the criterion problem may not be completely solved to everyone's satisfaction, it would appear that it is close to solution, much closer than in most other areas plagued by this problem. Interrelationships among the criterion variables, and exploration of whether there are other aspects of the therapeutic relationship, need to be determined. Perhaps a regression equation relating the variables of the relationship to outcomes will become possible, giving us weights for the relationship variables. But it is not necessary to wait for this refinement before we can use these variables as criteria.

## Next Steps in Research

The next steps are obvious. While it will be of interest to have the results of studies of variables concurrently related to the criterion, including aspects of it in addition to empathy, similar to the Bergin and Solomon study, longitudinal studies of predictive relationships are necessary. If we are to be able to use correlations for selection, it must be demonstrated that scores or ratings prior to entrance upon training are related to the outcomes of training, or competence in therapy.

There is, of course, the problem of instruments. One possibility that bears exploration is whether the Truax and Carkhuff scales can be applied to behavior of applicants for counselor training. While it would be desirable that a simpler, more easily obtained predictor be available, it may not be possible to find or develop one. It may be that the best predictor of therapeutic competence will be the quality of relationships the applicant is able to display prior to training. I doubt this, since I believe that given appropriate training, the aspects of the therapeutic relationship can be developed in counseling students. It might still be, of course, that those who were best at the beginning would be best at the conclusion of training. But it may be that other characteristics may be more predictive of ability to develop the capacity to provide a therapeutic relationship.

In addition to the Truax-Carkhuff scales, other scales purporting to measure aspects of the counseling relationship should be used. O'Hearn and Arbuckle (1964) have developed an instrument which they call a sensitivity scale, which has not been related to counseling outcome, however. The Wisconsin Relationship Orientation Scale (Wasson, 1965) is another potential instrument. Strupp (1962) has also developed an empathy scale. Campbell and Kagan (unpublished study) have developed an affective sensitivity scale which should be explored in selection. Rank's (1966) film test of counseling perception is another promising instrument. The Fiedler Q-Sort (Fiedler, 1950a, 1950b, 1951) should also be applied.

These scales or instruments require responses from applicants for their application. These responses may be obtained from presentation of standard stimuli, or in a free interview situation. O'Hearn and Arbuckle (1964) prepared a standard tape. Strupp (1962) has produced a series of brief films to which the responses re made. Rank's test also uses film. Campbell and Kagan use video tapes. A live interview using a standard "coached client" may be used. Or, the applicant may be rated on the basis of a free interview, perhaps with a friend, as in Truax and Carkhuff's (1965b) study referred to earlier. Whether a standardized procedure or a real interview is more useful or valid is not known at present.

These instruments require the applicant to respond in a therapeutic situation, or at least in a therapeutic manner in an interview. At this stage in his career the student has no basis for knowing how to respond, or how he should respond. In addition, the novelty and the threat of the situation may interfere with his being natural, or being himself. Thus, such a "test" may not be appropriate. However, this is not known, and it certainly would be worth investigating whether those applicants who respond most therapeutically with no preparation or experience, and in a novel or even threatening situation, are the ones who become the best therapists following training.

This approach is a very expensive and time-consuming one, involving individual administration of the "test" and individual evaluations for rating the responses of the applicants. It would be worth exploring whether an instrument such as Porter (1950) test or a similar instrument might be useful as a predictor. Arbuckle and Wicas (1957) have developed a free response test of counseling perceptions which might also be studied.

On the basis of the research reviewed earlier in this paper, some suggestions may be made regarding existing tests which may be worth exploring in relationship to the criterion now available. It would appear to be desirable to reevaluate many of the instruments used in previous studies of counselor characteristics,

particularly if there was evidence of differences between counselors and other groups or between counselors considered more effective and those considered less effective. In addition, instruments which would appear to be logically related to the criteria of an effective counseling relationship, even if they were not found to be related to other criteria in earlier studies should be explored further.

One group of instruments, or an area which would appear to be worth exploring, is represented by measures of authoritarianism, including the F Scale, Dogmatism Scale, and Opinionation Scale. These instruments have shown rather consistent positive results in earlier studies. One drawback, in terms of their predictive usefulness, may be the fact that scores are affected by education and training, as indicated by my study (Patterson, unpublished study). However, scores could still be predictive.

Several standard personality tests appear to be less subject to change. The MMPI including the Barron Ego Strength Scale, the EPPS, and the CPI would bear further study against the counseling relationship criterion. An objective instrument purporting to measure of empathy is the Kerr-Speroff Empathy Scale. This scale has had little use, except perhaps with supervisors in industry. In a study of rehabilitation counseling students (Patterson, 1962a), female students scored at the 70th percentile of liberal arts women, and male students scored between the 50th and 5ith percentile of liberal arts men. The norm groups are very small, however. The scale did not correlate with EPPS affiliation, nurturance, or intraception, nor with the MMPI K, Mf, or Pa scales, which are sometimes considered to be related to sensitivity or empathy (Patterson, 1962b). Another measure of empathy is an adaptation of the Kelly Role Construct Repertory Test by Cartwright and Lerner (1963).

Measures of interest would appear to be worth investigation, particularly the SVIB. In perhaps the most extensive study of prediction of performance in psychology that of Kelly and Fiske (1950) of Va clinical psychologists, the SVIB produced the only significant results. The results of the Whitehorn and Betz (1960) studies, mentioned earlier, also suggest further exploration of this instrument.

A point to be considered in future studies is the possibility of nonlinear relationships between predictive measures and the criterion. Perhaps some of the negative results of earlier studies have concealed positive results represented by curvilinear relationships. Particularly in the area of certain bipolar personality dimensions, extremes may be negatively related to therapeutic effectiveness. In other cases there may be a linear relationship up to a point, toward one or the other end of the continuum, with a change or reversal occurring. Another kind of relationship which may obtain is where above a minimum level, further possession of a characteristic is simply of no effect. It is possible that the apparent conflicting results on the EPPS intraception, nurturance, and dominance scales may be related to such relationships.

## SUMMARY

There has been almost no research on counselor selection as such. There has been no study of the kind necessary to validate selection instruments, of the kind routinely done in other fields, including industry and the armed services. Such a study would involve the administration of a battery of selection tests to a group of applicants all of whom are then permitted to enter training, and their progress and success evaluated by criterion measures during the following training.

The research on characteristics of counselors has been limited almost entirely to studies of counselors in training--the studies of Whitehorn and Betz are almost the lone exception, and these deal with psychiatric residents rather than with experienced therapists. Fiedler's studies, however, did include experienced therapists, as have a few other studies of differences among therapists of different theoretical orientations.

Many studies have simply described the characteristics of groups of student counselors. To be sure, since counseling students have things in common as compared to students selecting another field of study, they are thus self-selected, as well as selected to some extent by the training institution. However, with little basis for selection, most institutions actually select almost entirely on the basis of academic aptitude.

Students also can be expected to differ in therapeutic aptitude or ability. Some studies have attempted to compare better, or more effective, counseling students with poorer, or less effective students. But the criteria for separating these groups of students have not been adequate. Generally, ratings of supervisors have been used. The varying, if not contradictory, results, are no doubt due in part, at least, to differing conceptions of what is a good counselor. The influence of academic performance on such ratings has also influenced results in some studies. In any event, such ratings have not been based upon systematic evaluations of interview behavior known to be related to the outcomes of counseling. Any criterion involving the evaluation of counseling interviews is a mediate rather than an ultimate criterion, and must be demonstrated to have validity in terms of outcome.

The problem of measuring the outcomes of counseling or psychotherapy has not been resolved. However, sufficient progress has been made so that there now appears to exist a mediate criterion in the characteristics of the counselor in the counseling relationship which can be applied in a standardized, objective manner to counseling interviews, which has been demonstrated to relate to counseling outcomes. This criterion consists of ratings of counselor empathy, congruence, warmth and concreteness. These ratings, which were developed on counselors who were client-centered in orientation, have been in effect cross-validated on therapists with another orientation and different outcome measures at John Hopkins (Truax, et al., 1966). The development of this kind of criterion is important, since it is much easier to apply than the obtaining of outcome measures on a representative sample of each counselor's clients.

We are thus in a position where, usable criteria exist, which makes possible predictive studies. It is not necessary to find, or develop, predictive measures. Because longitudinal predictive studies are so costly, it is desirable that predictive measures with some evidence of their usefulness be used if possible. Possible predictive measures can be evaluated by determining if they bear a concurrent relationship to the criterion. It is also suggested that the best predictors may be the instruments which are used to measure the criterion, applied to the interviews of applicants, using either free or structured interviews. But since this is an expensive measure, it is desirable to explore the usefulness of more easily obtained measures, either of the kind involving responses to filmed or taped interviews, or even simpler measures such as standard paper and pencil personality inventories. A number of possible instruments which appear to be worth exploring have been suggested, on the basis of the research on counselor characteristics.

It appears that it is now possible to conduct the necessary research to develop predictive measures of counseling ability. But while only practical problems remain, these are by no means easily overcome. However, conducting such a study would be no more of an undertaking than the Kelly and Fiske study, and certainly support for such a study could be found from among all the sources now available.

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